PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

MR957-1390

CLAIMS AS FILED - PART I							_	SMALL ENTITY			OTHER THAN	
T-0-14 01 4140			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		*	O		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*	Ø		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	i	TOTAL	375	OR	TOTAL	
CLAIMS AS AMENDED - PAR'								•			OTHER	THAN
(Column 1)			(Colun			(Column 3)		SMALLE	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- OL	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
							l	TOTAL			TOTAL	
							,	ADDIT. FEE		OR	ADDIT. FEE	
 —		(Column 1) CLAIMS	<u> </u>	(Colui	mn 2) IEST	(Column 3)	lr		ADDI	. .		100
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIR4	=		X42=		OR	X84=	
<u> </u>	LINO! PHESE	NTATION OF M	OLITPLE DE	CINDEN	CLAIM	<u> </u>	'	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	<u> </u>	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	Į Ì	X42=		OR	X84=	T
الـُ	FIRST PRESENTATION OF MULTIPLE DEPEN				T CLAIM]					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1		mber Previously Pa					er foi	und in the an	propriate bo	x in co	olumn 1.	